

LAXMI CHARITIES

Regd. Off: 21, Patullos Road, Chennai - 600 002.

APPLICATION FORM FOR AWARD OF SCHOLARSHIP 2024 - 25

CONDITIONS 1. Attested copy of the mark sheet must be enclosed to the application. 2. Incomplete application will not be considered. 3. Annual Parental Income eligibility : Not more than Rs.8 lakhs per annum. Proof from employer is mandatory. 4. Eligibility "+1" onwards. 5. New Students: <ul style="list-style-type: none">For Plus One & Plus Two - 85% for Central Board & 95% for State Board.For Diploma Students - 75%.For Degree & Professional Courses : 95% 6. Old Students: <ul style="list-style-type: none">For Plus One & Plus Two - 80% for Central Board & State Board.For Diploma Students - 75%For Degree & Professional Courses : 80% 7. Further, grant of Scholarship is subject to availability of Funds and the available Funds will be disbursed at the discretion of the Management of the Trust on the basis of 'merit-cum-means' and their decision in this regard is Final. Preference will be given to students who have secured more marks and whose parental income is lower. 8. If you have not enclosed any of the required document(s), the application will not be considered for Scholarship.	SCHOLARSHIP: OLD STUDENT ALL CORRESPONDENCE TO Admin. Office Desabandhu Plaza 47, Whites Road, Chennai - 600 014. The application form duly completed in all respects should be sent on or before 31-Dec-2024 . Application No. 24/010233
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FOR OFFICE USE ONLY

NEW / RENEWAL	REF NO	CATEGORY	DEGREE COURSE	
NAME OF THE INSTITUTION	ETHIRAJ COLLEGE FOR WOMEN	MARKS	243	81 %
REFERRED BY		ANNUAL INCOME	132000	
AMOUNT				
APPROVED BY		Authorised Signatory		

TO BE FILLED BY STUDENT

Details of the student's bank account to which the scholarship amount to be credited

Name of the Student	K KANISHA										
Name of the Bank	KARNATAKA BANK LTD										
Name of the Bank's Branch	MOGAPPAIR										
IFSC Code	KARB0000158										
MICR Code	600052013										
Account Number of the Student * Please attach passbook front page copy	1582500101005401										
1. Address for communication : NO. 88A, KAMARAJ NAGAR, PADIKUPPAM ROAD, CHENNAI Pincode: 600040											
2. Date of Birth :	<table><tr><td>0</td><td>7</td><td>1</td><td>2</td><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	0	7	1	2	2	0	0	5		
0	7	1	2	2	0	0	5				
Mobile No. / Land Line No. :	<table><tr><td>7</td><td>9</td><td>0</td><td>4</td><td>0</td><td>9</td><td>6</td><td>7</td><td>9</td><td>5</td></tr></table>	7	9	0	4	0	9	6	7	9	5
7	9	0	4	0	9	6	7	9	5		
3. Parent's / Guardian's Particulars : a. Name: KATHIRAVAN E P b. Occupation: DAILY WAGES c. Annual Income: 132000 (with Employer's Certificate) d. Aadhaar No.: 413875442477 e. PAN No.: f. Father's Qualification: 10 g. Mother's Qualification: 10	Submission of Application Form The completed Application Form may please be deposited at the Administrative Office of the Charities before Tuesday, 31 December 2024 from 12:30 pm to 02:00 pm on all working days.										

4. Name of the institution where the student is now studying	INSTITUTION'S NAME : ETHIRAJ COLLEGE FOR WOMEN	
	Course : B. COM. GENERAL	
	Year : 2nd Year	
	Total Obtained : 243 Percentage : 81 %	Total Marks : 300
	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
5. Particulars of Total Tution fees payable 2024 - 25 : 7292		
6. Copy of the latest marks sheet (two semester Mark sheet of the Previous Academic Year) of the Annual Examination should be enclosed along with the Application duly attested.		
7. If the student is a recipient of scholarship from Laxmi Charities earlier, please furnish particulars: YES		
a. Scholarship Received Date: 18/10/2023 b. Amount Received: 50000		
8. Are you a First Graduate in the family: NO		

Signature of the Parent / Guardian

Signature of the Student

Place :

Date :

TO BE CERTIFIED BY THE INSTITUTION

Sri / Miss _____ is a bonafide student of our institution studying _____ course in this Academic Year 2024 - 25 and the particulars furnished by him / her in the application form **(Bonafide Original Certificate received from the Schools/Colleges to be given along with the Form).**

Place :

Date :

Head of the Institution with Official Seal